
FOUR MONTHS TRANSITIONAL MEDICAID

MA-3400 FOUR MONTHS TRANSITIONAL MEDICAID

01/01/04

I. INTRODUCTION

Families who lose eligibility due to receipt of child support or to an increase in child support receive an additional four months of Medicaid. This is called Four Months Transitional Medicaid.

II. POLICY RULES

A. Initial Eligibility

To be eligible for four months transitional Medicaid, the Work First or MAF-C assistance unit must:

1. Be financially ineligible for Work First or MAF-C because of new or increased child/spousal support, which is collected by Child Support Enforcement (IV-D) or received by a member of the assistance unit and forwarded to IV-D. Ineligibility may be caused by support alone or in combination with other increased income.

Note: If new or increased child/spousal support combined with an increase in earned income of the parent/specified relative causes ineligibility, transfer the case to Twelve Months Transitional Medicaid for Working Families. [See MA-3405, Twelve Months Transitional Medicaid.](#)

2. Have been eligible and received Work First (including benefit diversion) or MAF-C in at least three of the six months immediately preceding the first month of ineligibility for Work First or MAF-C. For purposes of this determination a \$0 pay month due to Work First payment of less than \$25 is a month of Work First receipt.
3. Continue to have an eligible child in the home.
4. Continue to live in North Carolina.

B. Length of Transitional Period

1. The transitional period is four consecutive months. The four month period begins the first month the case is ineligible due to child support after timely or adequate notice requirement is met.

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(II.B.)

2. **Timely Reporting:** Determine the first month of the transitional period, depending on the date the increase is reported and the notice requirements. Transfer the case to AAF Payment Type 4 effective the first month of eligibility for 4 Months Transitional Medicaid.

Timely Example: In early April the parent/specified relative reports child support that is sufficient to make the case financially ineligible for Work First or MAF-C. May or June is the first month of the 4 month transitional period, depending on the date the increase is reported and the notice requirements sent.

3. **Non-Timely Reporting:** Determine the first month of the transitional period as if the child/spousal support were reported timely and the appropriate notice had been given. Transfer the case to AAF Payment Type 4 effective the first month of eligibility for 4 Months Transitional Medicaid. The transfer can be retroactive.

Example: On June 24, the parent/specified relative reports child support beginning in early April that is sufficient to make the case financially ineligible for Work First or MAF-C. May or June is the first month of the 4 month transitional period, depending on the date the change occurred and the notice requirements. Transfer the case to AAF Payment Type 4 effective May or June.

4. Key a DSS-8125 to transfer the Work First or MAF-C case to AAF Payment Type 4. Refer to [EIS Manual](#).
5. **When the case is transferred, EIS generates a DSS-8110 unless it is overridden, to notify the assistance unit. The notice indicates the months the assistance unit continues to receive transitional Medicaid. Refer to [EIS 4000, Appendix E](#).**

C. Do not count the child support as unearned income during the 4 months Transitional Medicaid period.

III. PROCEDURES DURING FOUR MONTHS TRANSITIONAL MEDICAID**A. Individuals Who Leave the Assistance Unit**

1. Evaluate for all other Medicaid eligibility. Delete any individuals who no longer are eligible for Four Months Transitional Medicaid only after evaluating for all other Medicaid eligibility. Refer to [MA-3410, Terminations and Deletions](#).
2. Do not add these individuals back into the assistance unit if they again become eligible. They must reapply in their own case.

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(III.B)**B. Individuals Who Are Not in the Assistance Unit**

1. Individuals cannot be added to the assistance unit during the 4 month transitional period.
2. Establish a separate Medicaid a.u. /b.u. /n.u. for other individuals in the house who request Medicaid during the transitional period.
 - a. Do not apply financial responsibility from individuals in the transitional case to individuals applying in another case.
 - b. Count as income any contribution from individuals in the transitional Medicaid case given to individuals in the other assistance unit.
3. At the end of the four month transitional Medicaid period, combine the assistance units if possible. See [MA-3305, M-AF, M-IC, H-SF Budgeting](#).

C. Changes in Resources

Do not evaluate changes in situation that are the result of changes in reserve during the four months transitional Medicaid.

D. County Transfers

1. If the assistance unit moves to another county, transfer the transitional Medicaid case to the other county. Follow the instructions in the EIS Manual to key the county transfer.
2. If at the time of the transfer the transitional coverage changes, update the necessary information in EIS.

E. Support No Longer Received- Refer to [MA-3410, Terminations and Deletions](#).

1. If you learn the assistance unit no longer receives child/spousal support, the assistance unit is no longer eligible for transitional Medicaid. Evaluate the assistance unit for ongoing Medicaid in all aid/program categories.

Federal law requires that each recipient in the assistance unit be evaluated for ongoing Medicaid prior to termination. In addition, state law effective February 1, 1999, provides 12 months continuous Medicaid eligibility for categorically needy children under age 19. This means that once a child is determined eligible for Medicaid, his Medicaid can continue for 12 months regardless of financial changes that affect eligibility. Therefore, for children under age 19, do not forget to verify if any months remain in their 12 month Continuous Medicaid period based on the last redetermination.

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(III.B)

2. If the assistance unit continues to be eligible in another Medicaid aid program/category, transfer the case by Work First regular run to the appropriate aid program/category.
3. If the program transfer is not completed or the case not terminated by Work First regular run of the 4th month of the transitional period, EIS will automatically transfer the case to MAF-C for 2 months.

F. Eligible Child No Longer In Home- Refer to [MA-3410, Terminations and Deletions](#).

1. If you learn that there is no longer an eligible child in the home, the assistance unit is ineligible for transitional Medicaid. Send a timely notice. If the location of the child(ren) is known, evaluate the child for ongoing Medicaid.
 - a. Evaluate the parent/specified relative for ongoing Medicaid. If the parent/specified relative continues to be eligible in another Medicaid aid program/category, transfer the case by Work First regular run.
 - b. If you determine that the parent/specified relative is ineligible for Medicaid in any program category, take the appropriate action to terminate the case, following timely notice.
2. If you do not complete the program transfer or terminate the case by Work First regular run in the 4th month of the transitional period, EIS will automatically transfer the case to MAF-C for two months.

G. Assistance Unit No Longer Lives in North Carolina

1. Immediately send the appropriate notice if you learn during the transitional period that the assistance unit no longer lives in North Carolina. Refer to [MA-3430, Notice and Hearings Process](#) to determine the notice to be sent.
2. Use the appropriate code in EIS to indicate that the reason for termination is that the assistance unit no longer lives in North Carolina. Document the reason for the termination in the case record. Note in the record that no further evaluation is required due to the reason for termination.

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(IV.H.)**H. Four Months Transitional Medicaid Ends**

1. Begin early in the third month to complete a redetermination of eligibility for Medicaid under any aid program/category. You must complete the redetermination in time to key the certification/authorization before Work First regular run in the 4th month. Failure to complete the redetermination will result in the case being transferred to MAF-C for two months and the review being past due.
2. If eligible for Medicaid under another aid program category, follow the instructions in the EIS User's Manual to complete a program transfer.
3. If ineligible for Medicaid under any aid program category, take appropriate steps to terminate the case, following timely notice.
4. If you do not complete the redetermination and program transfer or terminate the case by Work First regular run in the 4th month, EIS automatically transfers the case to MAF-C for two months. Complete the evaluation as soon as possible following appropriate notice.

V. DOCUMENTATION

Document:

- A.** The assistance unit's eligibility for transitional Medicaid.
- B.** The reason for termination.
- C.** The decision to establish the appropriate aid program/category at the end of the four months and which aid program/categories were evaluated.